

**QUESTIONNAIRE FOR VICTIMS WHO HAVE PURCHASED ENZYTE, AVLIMIL, ALTOVIS,
ROVICID, PRULATO, SURVARIL, DROMIAS, NUMOVIL, NUPROXI, PINADOL, RUDOFIL,
ROGISEN AND OTHER PRODUCTS DISTRIBUTED BY
BERKELEY PREMIUM NUTRACEUTICALS**

Name: _____ Telephone: _____-_____-_____

Address: _____ City: _____ State: _____ Zip: _____

E Mail Address: _____

1. What product(s) did you order? (check all that apply)

- ☐ Enzyte ☐ Avlimil ☐ Altovis ☐ Rovicid ☐ Prulato ☐ Survaril
☐ Dromías ☐ Numovil ☐ Nuproxi ☐ Pinadol ☐ Rudofil ☐ Rogisen
☐ Other: _____

2. When did you order your product? _____

3. How did you order your product? (check one) If by internet, please provide the web address.

- ☐ Internet website - http://www._____.com
☐ Telephone
☐ Mail Order
☐ Other

4. How was the product(s) described to you?

How did you get this product description? (check all that apply)

- ☐ Advertisement ☐ Telephone Sales Representative ☐ Website
☐ Other: _____

5. Based on your experience with the product(s), were misrepresentations made to you about the product at the time you placed your order?

☐ YES ☐ NO ☐ UNSURE

If yes, what was misrepresented to you?

6. What was your method of payment? (check one)

☐ Credit ☐ Debit ☐ Check by Phone ☐ Check ☐ Money Order
☐ Card ☐ Card

7. What amount(s) did you authorize for payment? \$_____

Were there any future unauthorized charges? ☐ YES ☐ NO

If so, how much? \$_____

8. Were you enrolled into an "auto-ship" or automatic shipment program?
(check one) ☐ YES ☐ NO ☐ UNSURE

Did you have a choice regarding enrollment? ☐ YES ☐ NO

Were you told about or provided with information pertaining to the "auto-ship" program? ☐ YES ☐ NO

If so, what were you told about the "auto-ship" program?_____

If you recall, what was the name of the program?

Were you told how to cancel your enrollment in the program?

☐ YES ☐ NO ☐ UNKNOWN ☐ NOT APPLICABLE

Did you have difficulty with returns, refunds, and cancellations associated with the enrollment program? ☐ YES ☐ NO

If yes, explain? _____

9. Did you request a credit or refund? (check one) ☐ YES ☐ NO

When did you request a credit or refund? _____

If yes, did you receive a credit or refund? ☐ YES ☐ NO

Did you receive a partial refund? ☐ YES ☐ NO

If you received a refund or credit, how long did it take? _____

What did you have to do to get a credit or refund?

Did you receive additional products in lieu of a credit or refund? ☐ YES ☐ NO

10. Did you complain to the Better Business Bureau (BBB)? ☐ YES ☐ NO

Did you complain to any local, state or federal authority? ☐ YES ☐ NO

If so, what governmental authority?

Were you given a credit or refund because you complained to the BBB or a governmental authority? ☐ YES ☐ NO

11. Are you a member of a class action against Berkeley Premium Nutraceuticals, Inc. ☐ YES ☐ NO

In what state? _____

Have you been given a credit or refund in that action? ☐ YES ☐ NO

Please submit your completed questionnaire to this e-mail address:

Ohs.Webmaster@usdoj.gov